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NOTICE OF ALLOWANCE AND FEE(S) DUE

7590

01/27/2005

Perkins Cole L L P 1201 Third Avenue **Suite 4800** Seattle, WA 98101

EXAMINER ABEL JALIL, NEVEEN ART UNIT PAPER NUMBER 2165

DATE MAILED: 01/27/2005

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/507,064	02/18/2000	Chang-Ho Oh	12705-8011	8894

TITLE OF INVENTION: CREATING VISUAL DATA MODELS COMBINING MULTIPLE INTER-RELATED MODEL SEGMENTS

APPLN. TYPE	SMALL ENTITY ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$0	\$1400	04/27/2005	

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current **SMALL ENTITY status:**

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status above is to be removed, check box 5b on Part B -Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
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- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

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Complete and send this form, together with applicable fee(s), to: Mail

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75	90 01/27/2005			have its own certificat	te of mailing or transmission.	J,	
Perkins Cole L L 1201 Third Avenue Suite 4800 Seattle, WA 98101		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.					
·						(Depositor's name)	
•						(Signature)	
						(Date)	
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nonprovisional	NO	\$1400		\$0	\$1400	04/27/2005	
EXAM	INER	ART UNI	т	CLASS-SUBCLASS]		
ABEL JALIL, NEVEEN		2165		707-100000	-		
Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI Please check the appropriate 4a. The following fee(s) are Issue Fee	dence address (or Change of 22) attached. ion (or "Fee Address" Indicor more recent) attached. Us RESIDENCE DATA TO E an assignee is identified be 37 CFR 3.11. Completion EE assignee category or categorenclosed:	Correspondence ation form e of a Customer BE PRINTED ON T clow, no assignce c of this form is NOT (B) tries (will not be pri	(1) the names o or agents OR, al (2) the name of registered attorn 2 registered pate listed, no name of the patent of a substitute for fill of RESIDENCE: (Conted on the patent) Payment of Fee(s)	a single firm (having as ey or agent) and the nan that attorneys or agents. If will be printed. It or type) The patent. If an assigning an assignment. ITY and STATE OR CO	a member a 2 as of up to for no name is 3 nee is identified below, the downtry) Corporation or other private grounds.		
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Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
	MALL ENTITY status. See	e) 37 CFR 1.27.	b. Applicant is	no longer claiming SMA	ALL ENTITY status. See 37 C ly paid issue fee to the application or the state of th	FR 1.27(g)(2).	
							
Typed or printed name							
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